



## REGISTRATION FOR MISSOURI NEW TEACHER INSTITUTE

Return completed registration with \$100.00 check or PO to:

Susan Graham  
Central Missouri State University  
TRGaines 302  
Warrensburg, MO 64093  
660-543-8624  
660-543-8995 (fax)

Return completed registration and payment to Susan Graham, CMSU, TRG 302, Warrensburg, MO 64093 postmarked by July 1, 2005

### TO BE COMPLETED BY APPLICANT

NAME (LAST, FIRST, MI)

HOME ADDRESS

CITY, STATE, ZIP

HOME PHONE NUMBER

WORK PHONE NUMBER

PRIMARY E-MAIL ADDRESS

SCHOOL NAME

BUILDING WHERE YOU WILL TEACH

SCHOOL ADDRESS

CITY, STATE, ZIP CODE

**Do you possess a Missouri Vocational Teacher's Certificate?**

☐ Yes Type \_\_\_\_\_

☐ No

If no, an Application for Missouri Vocational Certification can be found at  
[www.dese.mo.gov/divcareer/Certifications/certificationapplication.pdf](http://www.dese.mo.gov/divcareer/Certifications/certificationapplication.pdf).

**Name of education program you will teach** (Auto Mechanics, Welding, Practical Nursing, Business Education, etc.)

Grade Level: ☐ Secondary (AVTS, High School) ☐ Adult (AVTS Adult) ☐ Post-secondary (Community college, etc)

Have you ever taught in a classroom setting? ☐ Yes ☐ No

If yes, how many: Years \_\_\_\_\_ Months \_\_\_\_\_ ☐ Full-time ☐ Part-time

Grade Level: ☐ Secondary ☐ Adult ☐ Post-secondary ☐ Other \_\_\_\_\_

Computer Proficiency:

☐ None ☐ Minimal (basic word processing, e-mail) ☐ Novice (most office applications) ☐ Expert (networking)

My signature below indicates I am committed to the year-long New Teacher Institute Program.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF ADMINISTRATOR (Career Center Director/Community College Dean)

DATE